



State of California

F

Secretary of State

Statement of Information (Foreign Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

E-P15897**FILED**

In the office of the Secretary of
State of the State of California

Oct - 24 2012

This Space For Filing Use Only

1. CORPORATE NAME

C3434250
N.T. TECHNOLOGY, INC.

9120 DOUBLE DIAMOND PKWY
RENO NV 89521

DUE DATE:

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

2. ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 12**.
- If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

- | | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| 3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | | | |
| 9120 DOUBLE DIAMOND PKWY SUITE 5901 RENO NV 89521 | | | |
| 4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | | | |
| | | | |
| 5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3 | | | |
| | | | |

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

- | | ADDRESS | CITY | STATE | ZIP CODE |
|---|---------|------|-------|----------|
| 6. CHIEF EXECUTIVE OFFICER/ | | | | |
| TOM RIEDEL 1485 BAYSHORE BLVD #155 SAN FRANCISCO, CA 94124 | | | | |
| 7. SECRETARY | | | | |
| JAMES WATKINS 2303 CITYLAND 10 TOWER 1 156 HV DELA COSTA ST, AYALA AVE MAKAI CITY, 1226 PHILIPPINES | | | | |
| 8. CHIEF FINANCIAL OFFICER/ | | | | |
| KAREN SANSAVER 19302 VISTA DR ARLINGTON WA 98223 | | | | |

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 10 must be completed with a California street address (a P.O. Box is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 10 must be left blank.)

9. NAME OF AGENT FOR SERVICE OF PROCESS

TOM RIEDEL

- | | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| 10. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | | | |
| 1485 BAYSHORE BLVD #155 SAN FRANCISCO, CA 94124 | | | |

Type of Business

11. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
RESEARCH AND DEVELOPMENT

12. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10/24/2012

KAREN M SANSAVER

DIRECTOR

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE